be obliged to say, that eternal vigilance as to regularity on the part of the patient must be exercised or a cure would not result.

The keynote of his paper is, education and regularity as to periodicity of the first daily stool. Finally he believed that the whole profession had a profound duty to perform for mankind in an educational way for emancipating the race from this insidious foe.

The Surgical Treatment of Chronic Constipation.

By LOUIS J. HIRSCHMAN, M. D., Detroit, Mich.

Constipation is divided into two great classes; the one class being due to a lack of functional activity, i. e., dietetic error, improper habit, neural or trophic influences. The other class, which some of us have been pleased to designate as obstipation includes all cases whose impaired activity is due to mechanical interference with the normal peristaltic movements and expulsive function of the bowel.

Obstipation, or obstructive constipation may be caused by:

(1) The presence of any foreign body, occlusion, contracture, hypertrophy or accumulation in the intestinal canal.

(2) Displacements, acute angulations, distensions, neoplasms, adhesions or compressions of the bowel.

(3) Developmental defects and congenital deviations from normal.

Inasmuch as the surgical treatment of constipation, due to easily recognized local conditions, is obvious, they are dismissed with mere mention. Coloptotic constipation represents such a large percentage of cases of mechanical constipation that its discussion involves the most important field of surgery in the treatment of constipation. All patients with ptotic colons are not constipated, nor do all constipated patients suffer from coloptosis. There must be in addition to ptosis of the cecum, transverse or sigmoidal colons, a condition of functional inactivity due to atony of the bowel muscle.

Suspensions of ptotic colons by means of fixation by adhesions to the abdominal wall are unnatural and interfere with peristalsis. Restoration should be accomplished by shortening the natural support, —the mesentery. Lateral anastamoses between the most dependent loops of ptotic bowel is sometimes indicated. Above all, massage, both abdominal and internal rectal, is of primary importance in restoring function, and should be used along with either dietary or hygienic measures to restore bowel function.

Cancer of the Rectum.

By J. RAWSON PENNINGTON, M. D., Chicago, Ill.

I take it we are all agreed as to the increasing frequency of cancer. At least it seems to me no other conclusion can be drawn from the following figures: According to the 12th U. S. census, cancer appears to have increased 12.1 deaths per 100,000 population in the previous decade. In Great Britain, so we learn from the work of Roger Williams, the deaths from cancer increased from 177 per million in 1840 to 885 per million living in 1905. Williams points out that while the population barely doubled from 1850 to 1905, the mortality from cancer increased more than six fold. Nor is the increase confined to the United States and Europe, it holds good for Japan, India and even for uncivilized countries. In short, cancer is one of the several diseases which is apparently increasing, by leaps and bounds, in spite of our boasted progress in medicine, surgery and hygiene. Apart from the increased prevalence, the present death rate from malignant diseases is something dreadful to contemplate. Our anxiety in regard to malignant disease of the rectum is pardonable when we reflect that a good proportion of cancers involve this region. Williams found that 9.6 per cent. in males and 5.3 per cent. in females were located in the rectum. Is there anything that can be done to check this foe? The writer believes there is, and that this Society may be made a powerful factor for good in such a crusade. In Germanay a similar crusade has been started against cancer of the uterus by Winters, agitating the subject both among the profession and the laity. It is estimated that the number of cases of inoperable cancer of this organ has been reduced over 30 per cent. as a result of calling attention to the early symptoms. Of the 2914 cases of rectal cancer in the male referred to by Williams 2592 patients were over 45 years of age and 2180 of the 2533 female patients. In the male sex again the average age, at which the onset was noted, was 49.7 years, the minimum being 16.75 and the maximum 74; while in the female sex the average was 50.4 years with a minimum of 21.8 and a maximum of 88 years. This brings me to the crux of my argument, that every person who has reached the so-called "cancerous age" should be examined periodically for evidence of commencing carcinoma not necessarily of the rectum alone but in the female for example, of the uterus also.

In 120 resections of the rectum for malignant disease, W. J. Mayo observes: "It is an unfortunate fact that, in the majority, cancer of the rectum is not recognized in time to obtain a radical cure." I said a moment ago that cancer in the beginning is a local disease. This granted, then early and thorough removal must lead to a cure. It has been shown that a large proportion of malignant growths originate in scar tissue. In cancer of the stomach, for example, the Mayos found that no less than 62% showed evidences of a previous ulcer. The rectal cancer patients frequently give a history of previous operations on the part. Does the cancer occur in the scar left from an operation for hemorrhoids done by one of the commoner methods—ligature, clamp and cautery, or some other technic leaving much scar tissue and sometimes stricture? May it not be occasionally engrafted on the scar following the usual incision method of operating for fistula? Here is a suggestion for us in our own work, secure smooth healing by resorting only to such procedures as leave the minimum of cicatricial tissue, hence, the least possible nidus for possible mischief in the future. With the co-operation of the public it seems to me we should learn much about cancer in the early stages. To educate the public we must—as has been well said—"organize, systematize, deputize, energize, supervise and economize." The field is broad and the opportunity is at hand. Shall we grasp it?

Malformation of Rectum and Anus, with Report of Case.

By DONLY C. HAWLEY, A. B., M. D., Burlington, Vt.

The facts of modern embryology explain a majority, but not all developmental defects of the rectum and anus.

M. B., female, age 4 weeks, came under my observation in April, 1910. She had an imperforate anus, the rectum opening into vagina in the upper half of the recto-vaginal septum, opening one-half by one-eighth inch in size, the longer diameter